

**NAVAL MEDICAL CENTER SAN DIEGO  
DIRECTOR FOR DENTAL SERVICES  
2310 CRAVEN STREET  
SAN DIEGO, CALIFORNIA 92136-5596  
FY10 CONTINUING EDUCATION APPLICATION FORM**

**PLEASE PRINT ALL INFORMATION CLEARLY. FILL OUT ONE APPLICATION PER COURSE.  
FAX NUMBER (619) 556-9410 / DSN 526-9410**

NAME: \_\_\_\_\_ RANK/RATE/TITLE: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ LAST FOUR OF SSN: \_\_\_\_\_

COMPLETE MAILING ADDRESS (HOME OR COMMAND): \_\_\_\_\_

\_\_\_\_\_

PHONE : COMM \_\_\_\_\_ DSN: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_

**VEHICLE INFORMATION (REQUIRED FOR ALL VEHICLES THAT DO NOT HAVE DoD DECALS)**

MAKE / MODEL / YEAR / COLOR \_\_\_\_\_

DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

LICENSE PLATE NUMBER AND STATE \_\_\_\_\_

If you are driving a rental car, write "RENTAL CAR" on the Make/Model line. You must have documentation of the rental car agreement when entering the base. License plate and state information is not required on rental cars.

DEMOGRAPHICS: (PLEASE ***CIRCLE*** ALL THAT APPLY)

USN~ USA~ USAF~ USCG~ INTERNATIONAL MILITARY~ USPHS~

ACTIVE~ RESERVE~ INACTIVE-RESERVE~ DoD RETIRED~

CIVILIAN~ STATE EMPLOYED~ PRIVATE PRACTICE~ FEDERAL GOV'T / CONTRACT~

COURSE TITLE	COURSE IDENTIFICATION NUMBER	COURSE DATES

**Note: All spaces must be filled in**

1. A letter of confirmation will be mailed four weeks prior to course commencement. If confirmation letters are required sooner, please notify the Continuing Education Coordinator at (619) 556-8218/8198 or DSN 526-8218/8198 or email us at **charles.murphy@med.navy.mil**

2. **Application must be submitted by Fax or email no later than 30 days prior to course convening date.** You will be notified if the course is full at the time the application is received.